

CHEVY CHASE VILLAGE HOUSE CHECK

Routine House Check ☐
Key on File ☐

Resident Name:	Address:
Date and Time Leaving:	Date and Time Returning:
Resident Phone Number:	Emergency Number:

EMERGENCY CONTACTS

Name:	Name:
Address:	Address:
Phone Number:	Phone Number:
Key: Yes <input type="checkbox"/> No <input type="checkbox"/>	Key: Yes <input type="checkbox"/> No <input type="checkbox"/>

Car parked in front or left in the driveway? Yes <input type="checkbox"/> No <input type="checkbox"/>	Description of vehicle _____ _____ _____
Are the house lights on timers? Yes <input type="checkbox"/> No <input type="checkbox"/>	Location of timed lights or lights left on _____ _____
Anyone residing, visiting or working at the residence? (Circle one) Yes <input type="checkbox"/> No <input type="checkbox"/>	Information regarding occupancy _____ _____ _____
Does the house have an alarm system? Yes <input type="checkbox"/> No <input type="checkbox"/>	Alarm Company and if available phone number _____ _____
Pick up Mail? Yes <input type="checkbox"/> No <input type="checkbox"/> Disposition _____ _____	Pick up Newspapers? Yes <input type="checkbox"/> No <input type="checkbox"/> Relocate on Property <input type="checkbox"/> Recycle <input type="checkbox"/> Disposition _____ _____

Received by:	Date:	Time:
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